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#### HEADACHES FROM EYE-STRAIN.

The last number of the American Journal of Medical Sciences contains an instructive article upon the above subject from the pen of S. Weir Mitchell, M. D. We regret that our space does not permit us to copy the article. There are few physicians in large practice who have not met more or less frequently with similar cases, for the nature of which they have no adequate explanation, and for which they could give no relief by ordinary medication. Dr. Mitchell's cases show that a troublesome array of nervous symptoms with headache had their origin in eye-strain, and were relieved by correcting the defects in the eye by means of suitable glasses. Says Dr. W .:

"1. That there are many headaches which are due indirectly to disorders of the refractive or accommodative apparatus of the eyes.

"2. That in these instances the brain symptom is often the most prominent and sometimes the sole prominent symptom of the eye troubles, so that while there may be no pain or sense of fatigue in the eye, the strain with which it is used may be interpreted solely by occipital or frontal headache.

"3. That the long continuance of eye troubles may be the unsuspected source of insomnia, vertigo, nausea, and general failure of health.

"4. That in many cases the eye trouble becomes suddenly mischievous, owing to some failure of the general health, or to increased sensitiveness of brain from moral or mental causes."

Within the past few years our knowledge of the refractions of the eye and of its optical defects has wonderfully increased, but unfortunately this knowledge is chiefly confined to a few specialists. We believe that many general practitioners are even now unaware of the fact that the power which the eye possesses of adjusting itself so as

to distinctly see objects placed at different distances is due to the action of the ciliary muscle, and that fatigue of this muscle from over-exertion gives rise to accommodative asthenopia, with its headaches and train of nervous disorders. We recently heard an accomplished physician of this city remark that whenever he had a patient with frequent attacks of headache which resisted the usual remedies, he sent him to an oculist to see if there was not some optical defect giving rise to eye-strain. This, he stated, has generally been found to exist, and when the defect has been neutralized by the proper glasses the headache has disappeared.

in which a part of the power of accommodation is required for distant vision, leaves a deficiency for the exercise of near vision of small objects, so that reading, writing, or doing fine work for a length of time produces a great "eye-strain," or strain of the ciliary muscle, which can be relieved by properly-adjusted convex spectacles, against which, however, there is a widespread popu-

The hypermetropic structure of the eye,

Vision and its Optical Defects, in reference to accommodative asthenopia (page 205), says:

lar prejudice, shared by physicians as well

as by the public. Fenner, in his work on

"The great frequency of accommodative asthenopia having its origin in the hypermetropic structure of the eye renders it important that its nature and treatment should be thoroughly understood by general practitioners of medicine.

"Many ambitious young men, with a fondness for study and high aspirations for professional distinction, have had their hopes nipped in the bud by increasing difficulties of continued near vision in reading, writing, etc., and although they found relief from positive glasses have been advised by those in whom

VOL. I .- No. 25

they confided not to wear them, but rather to go to the country and seek some occupation which calls for but little exercise of accommodation. There is scarcely a teacher in any of our schools who has not one or more pupils who after much study, particularly by artificial light, does not suffer from fatigue, with nervous and vascular irritation of the eyes, accompanied by headache, and whose annoying symptoms would vanish if permitted to wear properly-adjusted convex glasses; but owing to a want of knowledge on the part of their physician they are doomed to a continuance of the sufferings and inconvenience of defective vision. The great frequency of such cases renders it important that not only members of the medical profession, but educated persons, and particularly teachers, who can easily comprehend the subject of hypermetropia, should be to some extent familiar with it, so that they may make due allowance for the complaints of their pupils, and at the same time by the proper diffusion of knowledge overcome the prejudice so widely existing in the public mind against wearing convex glasses, even when their use is imperatively demanded to overcome some natural or acquired defects in the eyes."

It is believed that if the reader's attention is directed to this matter his experience will be like our own—i. e., he will recall instances such as are described above that are now suffering from a condition previously obscure, but for which the above points out an explanation and a remedy.

## Original.

#### METRITIS AFTER CONFINEMENT RESULT-ING IN EXTENSIVE HYPERPLASIA, ETC.

BY P. E. SANDIDGE, M. D.

Mrs. H., aged twenty-two, of healthy family, gave birth, after a severe and somewhat protracted labor, to a large boy child at term, January 17th, 1875. Placenta removed with some difficulty. At the first visit made her (December 5th, 1875) learned that in four days after her delivery she suffered great pain and soreness in the region of the uterus, back, hips, thighs, and legs, with high feverish excitement, attended with pain in micturating and defecating, with rigors alternating with profuse perspiration. Her lochia having ceased to flow on the

third evening after delivery, she received some treatment, as to the character of which, however, I was not informed. This state of affairs continued for some ten days or two weeks. After that time she began to get better, but very slowly, it being four months from the birth of the child until she sat up. After this there was pain in the loins, aching in hips and lower extremities, and pain in micturating and defecating. She could not rise when sitting, or walk, except with the greatest caution, requiring an effort, as she said, to drag one foot after the other, until December 5th, 1875, at the time I saw the case.

I found the lady greatly emaciated, dyspeptic, and in the greatest state of despondency. Upon palpation I found the abdomen in size and shape indicative somewhat of pregnancy, but learned that her menses had never returned; and being assured by her husband that such could not be the case, I proceeded with the examination and soon found the womb to be easily defined through the parietes of the abdomen, reaching as high as the umbilicus, very hard and sore, seeming to me to be at least double the size of a goose-egg. Examined by the taxis, found an apparent tumor irregularly attached to the sides and posterior wall of the vagina. It was hard and exceedingly painful to the touch, and situated just within the vulva, say half an inch. Soon found that pressing the apparent tumor upward moved the hard corpus and fundus of the uterus up in the abdomen. Believing the tumor in the vagina to be the terribly enlarged and inflamed cervix of a like-conditioned womb, I examined for the os, but could not find it. Satisfied, however, that I had a badly prolapsed, highly vascular, acutely sensitive, and inflamed uterus, with os and posterior part of cervix adhering to the posterior walls of the vagina, and believing this state of affairs to have existed from the birth of the child, and of at least ten months' standing, and having no speculum with me, I gave an aperient to clear out the bowels, with ext. hyoscyamus grs. iij,

morphiæ acetas gr. 1/4, ext. gentian grs. vj, pill to be taken at night.

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Saw the case on the 6th. Found by speculum examination anterior part of cervix greatly enlarged, hard, and red, the vessels plainly to be seen with the naked eye, looking as if they were ready to burst into bleeding; anterior lip of os adhered to posterior wall of vagina; slight sanguino-purulent discharge to one side of and from behind adhered lip. With the sound broke up the adhesion just spoken of, and after sponging away the discharge present found the os jutting against the posterior wall of the vagina, with its posterior lip adhered. My speculum being a quadrivalve one, I made a considerable curve in my sound, converting it almost into a hook. Passed it behind the posterior valve of the speculum, above the adhering lip of the os, and between the cervix and vaginal wall. Probing the cervix with my speculum, I broke down the adhesion, which was very firm. The os and cervix being freed, with a sponge they were cleared of all visible debris, and presented a small ulcer situated to the left and posteriorly extending high up in the neck, that bled freely when touched. I regarded the case as one in which leeches were indicated, and having none, free scarification of neck, os, and cervix was resorted to, the parts being continuously sponged with equal parts of warm milk and water while they bled. Pledgets of lint were then applied (saturated with the following: hydrochlorate of ammonia 3 iv, tr. opii 3 j, water 3 xiv) to the os and cervix, with directions to remove and reapply thrice daily, giving 15 grs. hydrochlorate of ammonia thrice daily, giving the pill each night of hyoscyamus, acetate morphia, and gentian, as before mentioned, pustulating the hypogastric region with tartar emetic ointment. Directed constant rest in bed and light but nutritious diet three times a day.

Saw her December 10th. Found her greatly improved. Continued same treatment, giving a pill every fourth night of calomel grs.iij, blue pill grs.v, ipecac grs.iss.

Saw and examined case 19th. Great improvement, with increasing weight and strength. Treatment continued without alteration, save discontinued oint. of tartar, having produced a considerable sore.

Saw and examined patient 29th. Cervix and os nearly normal. No appearance of ulcer. Patient expressing herself as feeling better than at any time since the birth of her child. Desires to sit up, but is forbidden. Treatment is continued, save that the solution is directed to be injected twice a day, instead of being applied by means of lint, and she slept well without her opiate at night.

Saw patient January 11th, 1876. There being no trouble of which she complained, the speculum was not used. Could not reach the os or cervix by the taxis. No tenderness or other symptom in the uterine region. All treatment was suspended and patient allowed to sit up, which she did with comfort, having put on an abdominal supporter.

Saw her the 21st of January superintending her own household affairs, and, save some trouble following horseback exercise, she has nothing to complain of to-day—June 5th, 1876.

This lady evidently suffered a severe attack of metritis as early as the third day after delivery, which resulted in the formation of plastic material in the connective tissue of the uterus, and extending itself to the walls of the vagina so that the enlarged and actively inflamed os jutted or rested against them, tying it down by adhesions and rendering it impossible for the uterus to return to its normal size and weight. The luxated womb, like the knee or elbow, is subjected to congestion, with its attendant sequent inflammation, resulting in infiltration of plastic matter, producing enlargement or that condition known as hyperplasia, causing parts to adhere where they come in contact, etc.

We think the case as treated carries with it at least two ideas of practical value. First, the importance of an examination by the touch or with the metroscope of all cases thus complaining. Also that her dyspepsia was due to reflexed action, as it received no treatment save that directed to other troubles, subsiding a little in advance of them.

BURKSVILLE.

# A METHOD OF TESTING FOR SUGAR IN THE URINE.

BY L. D. KASTENBINE, A. M., M. D., Professor of Chemistry in Louisville College of Pharmacy.

It has long been known that the urine contains other substances besides sugar which have the power of reducing a salt of copper in alkaline solution; consequently without proper precautions the results of the usual test will be fallacious. To avoid this I submit the following method, based upon a long series of experiments with grape and milk sugar, uric and lactic acids mixed in variable proportions in different varieties of urine; also with urine containing no sugar, but rich in coloring matter, phosphates, albumen, etc.

- 1. Pour about four drams of the suspected urine into a test-tube, heat it to the boiling point, and while warm add a concentrated solution of caustic baryta, drop by drop, as long as a precipitate falls; then transfer to a filter containing animal charcoal, and collect the clear, colorless filtrate in a test-tube or other suitable vessel.
- 2. Put into another test-tube half a dram of Fehling's volumetric copper solution, dilute it with eight times its bulk of distilled water, and boil it for a few minutes; then add several drops of the filtered urine. If sugar be present, in a very short time a yellowish cloud will appear, rapidly turning red. By again applying heat after the addition of the urine the reaction is accelerated.

When an aqueous solution of sulphate of copper is added to distilled water and treated with caustic soda or potassa, a bulky blue precipitate of hydrated protoxide of copper falls down. If the alkali is used in excess, the precipitate is only partially dissolved,

and when heat is applied the alkali abstracts the water of the hydrate and becomes black.

In the presence of any alkaline tartrate, however, the excess of alkali completely dissolves the precipitated hydrated protoxide of copper, forming a clear deep-blue solution; and if boiled, even for some time, no anhydrous or black oxide is produced, nor is it reduced to suboxide; but if a small quantity of grape or milk sugar or uric acid is added to the alkaline tartrate (Fehling's test) or the sulphate of copper, followed by the caustic potassa (Trommer's test), is added to the sugar solution and heated, the hydrated (yellow) or anhydrous (red) suboxide is precipitated.

In the case of grape or milk sugar it becomes anhydrous, or red, provided no foreign salts or extraneous matter is present to interfere in the reaction.

In the formula I have presented, every thing in the urine which interferes with the test is separated out. The object of first heating the urine is to coagulate any albumen that may be present. The addition of caustic baryta is to precipitate the sulphates, phosphates, urates, etc., and it is filtered through animal charcoal to get rid of the coloring matter. Of course the filter prevents the mucus and precipitated baryta salts from passing through. The filtrate passes through clear and colorless as water if enough animal charcoal is placed in the filter. The solution of copper that I prefer is the volumetric solution of Fehling, which has the advantage of being also employed to estimate the quantity of sugar present, if deemed necessary. The following is the original formula, with directions for quantitative analysis:

Solution of Copper.\*—Dissolve exactly 34.639 grammes of pure crystallized sulphate of copper (completely freed from adhering moisture by pulverizing and pressing between sheets of blotting paper) in about

\*Prof. Diehl, pharmacist, corner of Third and Broadway, keeps on hand perfectly pure crystallized sulphate of copper, Rochelle salt, and caustic soda, and is prepared to make a solution after Fehling's formula with exactness and dispatch. The solution keeps well in the dark. Uranium-stinted bottles holding half a pint are much to be preferred.

200 c. c. of distilled water. Dissolve in another vessel 173 grammes of perfectly pure crystallized tartrate of soda and potassa in 480 c. c. of pure solution of soda of 1.14 sp. gr. Add the first solution gradually to the second, and dilute the deep-blue clear fluid exactly to 1,000 c.c. Ten c.c. of this solution contain 0.34639 gramme sulphate of copper, and correspond exactly to 0.050 gramme anhydrous grape sugar. Keep the solution in a cool, dark place, in small wellclosed bottles, filled to the top, as the action of light or the absorption of carbonic acid would lead to the separation of suboxide of copper upon mere exposure to heat. This might be prevented, however, by a fresh solution of soda. Before using the solution mix 10 c. c. of it with 40 c. c. of distilled water or dilute solution of soda, as the case may be, and boil the mixture for some minutes. If this operation produces the least change in the fluid, and causes the separation of even the smallest quantity of suboxide, the solution is unfit for use.

Actual Analysis .- Measure to c. c. of the copper solution into a small flask or porcelain dish, add 40 c. c. water, heat to gentle ebullition, and from a burette divided into 10 c. c. run in the filtered diabetic urine (which must be highly dilute) in small portions slowly. When the precipitate presents a deep-red color, remove the heat, allow to subside a little, and pour a small portion of the clear supernatant fluid into a test-tube, add a drop of filtered urine, and apply heat. If there remains the least trace of salt of copper undecomposed, a yellowish-red precipitate will form, appearing at first like a cloud in the fluid. In that case pour the contents of the test-tube into the flask or dish, and continue adding the solution of sugar until the reaction is complete. The amount of the urine used contains 0.050 gramme grape sugar.

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To ascertain the action of uric acid and the urates on Fehling's solution, I made an aqueous solution of the chemically pure acid, and after boiling the copper salt in the usual manner added a few drops, when in a few

seconds a yellow precipitate of suboxide occurred. When a urate was made by adding soda, potassa, or ammonia to the uric acid, and a few drops of this poured into the heated copper test solution, the same precipitate was formed. This reaction is as prompt as when grape or milk sugar is used. Lactic acid and alcohol have no action on the copper solution, and the acid phosphate of soda produces only a slight milkiness, turning after a time greenish.

#### LIGHTNING TRACINGS.

BY A. S. HOLMES, M. D.

I would ask to present through the columns of your journal a report of the following case occurring in the person of an old man, perhaps seventy-five years of age, and resident of this county. He came under my observation a few weeks ago, with the following history and appearance: While asleep in his house during a violent thunder-storm the subject of above reference was struck by lightning, the visible effects of which were conspicuous in the following conditions: on the back of the left hand, which was resting against the wall of the house at the time of accident, was a circumscribed wound, about the size of a silver dollar, from which the cuticle had been entirely stripped. From thence a linear burn, two or three lines in width, extended to the side and back of the neck and mastoid process, from whence it turned abruptly to the front, passed over the bridge of the nose, doing considerable damage to the left eye and appendages; traversing then the summit of the cranium to the parietal eminence of the opposite side, it made a lasting mark by tearing away every vestige of hair and scalp from one side to the other. From the last point to which we had traced it it turned obliquely forward, passed in front of the ear and down the anterior portion of neck to the sternum. From the anterior part of the thorax every inch of cuticle was torn away, and in many places the outer fibers of the superficial muscles were lacerated. From this extensive wound a small and almost indistinct line could be traced to another frightful burn covering the iliac and gluteal regions of the right side, and from which led also another trace across the lumbar region and down the left leg to the foot in a spiral manner from back to front.

No bones were broken except those of the left great toe, that member having been terribly lacerated and almost completely torn from the foot.

I saw him in an unconscious condition a short while after the occurrence, and was surprised at the slight degree of shock which his pulse indicated. The patient's delirium soon passed off, as it was due more to fright than real injury. His bowels were evacuated at once, cold cloths applied to his head, and carb. ammonia, quinia, and bromide potassa administered in full doses. On the third day his condition was better. His wounds were treated in the usual manner for burns, and at present—an unusually brief length of time for such a recovery—he is up and entirely convalescent.

YAZOO CITY, MISS.

### Reviews.

Report of an Outbreak of Intestinal Disorder, attributed to the Contamination of Drinking-water by means of impure Ice. By A. H. Nichols, M. D., of Boston. From Seventh Report of the Massachusetts State Board of Health.

This pamphlet contains the report of an epidemic which occurred last summer at one of the hotels of Rye Beach, N. H. The disorder in question, it says, may be comprehended under the general term disturbance of the digestive system, characterized by the sensation of giddiness, nausea, vomiting, diarrhea, and severe abdominal pain, all of which was accompanied by fever, loss of appetite, continued indigestion, and mental depression. The steps by which it was discovered that the ice used in the hotel was the source of the disease were well consid-

ered. An analysis of the water derived from the ice was made by Prof. W. R. Nichols, who reported:

"The water contains in suspension a considerable quantity of vegetable matter more or less decayed, and possesses a slightly disagreeable odor, which becomes more evident if the water is warmed.

"Of the organic matter which is suspended in the water, and which may be removed by filtration, a portion, consisting of the larger and heavier particles, settles somewhat readily. Another portion, being more firmly divided, remains for an indefinite time diffused through the water, and would be drunk by any one using the ice in the ordinary way.

"I do not think it unreasonable to suppose that the presence of this decaying organic matter may have been instrumental in bringing about the unpleasant results you have observed."

An examination of the pond from which it had been gathered showed it to be in a very foul condition "from a homogeneous mass of marsh mud and decomposing sawdust." The epidemic ceased with the discontinuance of the ice in question. The hotel proprietors rendered every assistance in ferreting out the source of trouble. The pamphlet concludes with the following pertinent remarks:

"Great responsibility devolves upon those who undertake to provide food and drink for large numbers of individuals, and to such the above experience inculcates the importance of giving special attention to the purity of the drinking-water, and guarding against every possible source of contamination.

"The notion that ice purifies itself by the process of freezing is not based upon trustworthy scientific observation. On the contrary, it is utterly wrong in principle to take ice for consumption from any pond the water of which is so fouled as to be unfit for drinking purposes."

The pamphlet is exceedingly well written and very timely.

## Correspondence.

The liniment suggested in my paper on Herpetic Neuralgia was tinct. sapo. camph. 3 iv, chloroform 3j—not 3j, as printed in the News.

R. F. LOGAN.

### Selections.

THE INJURIOUS EFFECTS OF THE NASAL DOUCHE AND OTHER APPLIANCES FOR FLOODING THE NASAL CAVITY, WITH EIGHTEEN CASES.—Henry L. Shaw, M. D., Surgeon to the Massachusetts Charitable Eye and Ear Infirmary, publishes (Boston Medical and Surgical Journal) a valuable paper, from which we make the following extract:

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"The treatment of diseases of the nasal cavity by local remedies was brought prominently before the profession, on this side of the Atlantic, by an article of Dr. Thudicum on the Treatment of Polypus of the Nose and Ozena by the Nasal Douche, in the London Lancet of 1864. This appliance, which has for its object the flooding of the nasal cavity, and also various forms of syringes and instruments since introduced for the application of liquids in the anterior and posterior nares, have now become extensively employed. Unfortunately, however, their use is not confined to cases where they are prescribed by physicians; but under various popular names they have obtained a very extensive sale, being used not only for the cure of nasal catarrh, but for all trifling or imaginary diseases of the nasal cavity. From the novelty of their application, and the apparently harmless nature of the liquids usually employed, they are often taken by members of the family as articles of toilet or for their cleansing effect. The great extent to which they are used is perhaps not fully known to the general practitioner; but the specialist has abundant opportunities for witnessing their effect not only in the diseased state, but in health. In the writer's experience, of the large number of patients who employ these agents a great proportion are found to have no trouble of the nasal cavity, or only a slight irritation resulting from their use.

"For many years aurists have considered the treatment of nasal catarrh with the douche as attended with serious danger, this danger being the flooding of the Eustachian tubes and passing of liquid into the tympanum, thereby causing inflammation of that organ, with all its sequelæ. As early as 1869 Dr. Roosa, in a note to his translation of Troeltsch on Diseases of the Ear, speaks of the danger of the douche; and in an article published in the Archives of Ophthalmology and Otology, vol. ii, p. 76, he has collected from various sources sixteen cases, in which results more or less serious followed its use. Dr. Pardee, in an excellent article in the New York Medical Gazette, vol. vi, No. 23, reports several cases in which acute aural inflammation was caused by it. Other cases have been reported, the etiology of which can not be doubted, all tending to show its injurious effects. The opinion long since expressed by Dr. Roosa, that the employment of the douche should be discountenanced by the profession, is now quite generally accepted by aurists.

"On the other hand, some of the advocates of the nasal douche claim for it great efficacy in the treatment of diseases of the nasal cavity, and regard the evil results following its use as due to the improper manner in which it is employed. It is a question whether the beneficial effects of the douche have not been very much overrated. As a matter of cleanliness, as in cases of ozena, both the douche and the syringe are of undoubted service; but in the large majority of cases in which these agents are employed the same results can be obtained without any risk by the atomizer.

"It is a curious coincidence in the writer's experience that sooner or later patients with ozena, in using the douche, are very likely to have suppurative inflammation of the tympanum. It is well known to the profession that the liquid almost invariably employed, both in the douche and the various syringes, is tepid salted water; and of a large number of patients, seen in infirmary and private practice, who were using these appliances, but few cases can be recalled where any other liquids had been employed.

"Experience has abundantly proved that the nasal cavity and adjacent parts will often tolerate the use of remedies in this way for a very long time without manifest injury, and this, too, without any great care on the part of the patient. The directions given by writers for the proper administration of the douche vary. They all have, however, the same object in view-to prevent sneezing or any other motion by which the palate can be relaxed, and allow the liquid to trickle into the pharynx and thus produce involuntary swallowing. It is a question whether the force of the stream alone may not be sufficient in some instances to open the closed Eustachian tubes, and the liquid be passed into the tympanum. This would certainly seem to be so, since in some cases where the post-nasal syringe has been used the use of it resulted in acute otitis media. This, however, is not the usual way in which the accident with the douche occurs; but by the escape of only a trifling quantity of liquid from the post-nasal cavity into the fauces an involuntary effort at swallowing is made, the Eustachian tubes are opened, and the liquid passes into the tympanum with an audible rush. The patient is then fully aware of what has taken place. The stereotyped remark on visiting the aurist is, 'I felt the water go into my ears.'

"Granting that the involuntary act of deglutition is the cause of most of the accidents which take place from the employment of the douche, it becomes a matter of the greatest importance to know whether, by faithfully carrying out the directions of any of the various writers, one can be insured perfect safety in preventing this act. That there will be an escape of

liquid from the post-nasal cavity into the fauces in a certain number of cases, even when the douche is properly employed, will be generally accepted; and it seems fair to infer that in many of these it must give rise to involuntary deglutition. One of the principal precautions insisted on by the advocates of the douche, in case of the escape of liquid into the throat, is that the operation should be immediately suspended. Unfortunately, in many of these cases it is too late; the involuntary act of swallowing has already taken place; the liquid has passed through the open Eustachian tubes into the tympanum. The use of the douche, therefore, can never be unattended with danger, and one employing it is at any time liable to be the subject of serious and even fatal consequences.

"Recent experiences would seem to justify the belief that the use of the nasal syringe also, and all other appliances for flooding the nasal cavity, is attended with some risk, and that it is not even necessary for liquids to enter the tympanum to produce harm. Instances are not infrequent where acute tubal catarrh can be traced directly to the employment not only of the douche, but of the nasal syringe. The belief expressed by some otologists that the douche may give rise to chronic otitis media seems plausible; that it is sometimes pernicious in such cases by aggravating an already existing chronic inflammation there can be no doubt. Persons who have been but very slightly deaf for years sometimes begin the use of the douche for real or imaginary trouble, and in such instances it is not uncommon for them to experience a very decided increase of deafness, which can be traced to the time when the douche was first employed.

"Eighteen cases of injury are presented, in sixteen of which it was from the nasal douche and syringe, in one from the forcing of liquid into the tympanum by the Valsalvian method, and in one from the snuffing of liquid into the nostrils. With one exception they have all occurred during the last two years, and most of them within a few months. The first eleven are condensed from records in private practice, and little mention is made of treatment, as not being of interest in this connection. The last seven were treated during service at the Massachusetts Charitable Eye and Ear Infirmary. The history of these cases is not complete, and some of them could have been extended from memory, but it was thought best to present them just as recorded.

"In five there was acute otitis media, with perforation of the drum-head, from the douche. In five there was acute otitis media, without perforation of the drum-head, from the douche. In two there was subacute otitis media, without perforation of the drum-head, from the douche. In one there was increase of chronic otitis media. In one there was acute otitis

media, without perforation of the drum-head, from the syringe. In one there was subacute otitis media, without perforation of the drum-head, from the syringe. In one there was acute otitis media, with perforation of the drum-head, from snuffing liquids into the nostrils. In one there was subacute otitis media in one ear, and formation of polypus in the other ear, from forcing liquids into the tympanum by the Valsalvian method."

GLYCERITE OF STARCH .- J. W. Wood, Ph. G., read before the New York Alumni Association of the Philadelphia College of Pharmacy the following article on this subject: "I wish to bring to your notice this evening, in possibly some new relations, that already somewhat well-known preparation, glycerite of starch. Glycerite of starch is, no doubt, familiar to most, if not all of you, behind the prescriptioncounter in its character of an excipient for the troublesome quinine pill; for this purpose, in my opinion, nothing better need be desired. It possesses virtues and properties which ought to make it one of the most desirable requisites in a much wider sphere of entirely different applications. As an emollient and topical application in certain conditioned sores or superficial inflammations it is found of excellent use. For burned or scalded surfaces it is of great value as a simple dressing or as a vehicle for the exhibition of these medicaments best presented to the surface by inunction. For this purpose it has been to a limited extent known, but has been given scarely a proper trial to test its merits; it is, consequently, almost unknown in its therapeutic application. But to those who have given it a fair trial there is no doubt as to its superiority over those greasy and disagreeable unguents and vehicles so universally in use, and the place of which it is in almost if not all cases better adapted to fill. It has the advantage, too, of not soiling the clothing and person, and is capable of easy removal by water. It also has those soothing and healing qualities intended to be possessed by the unguentum adipis of the Pharmacopæia. But it is its merit as a medium for the exhibition of medicaments to be absorbed by the cutaneous tissues that I wish especially to impress upon your minds, and it is in this relation that its greatest value is demonstrated. That a medicinal substance, let it be an extract, salt, or any remedial agent whatever, may operate with its characteristic effects by absorption a most minute state of division or condition of liquefaction must necessarily obtain, else, from the lack of these conditions, the desired results will not supervene. Now, when glycerite of starch is used as the vehicle for the exhibition of these medicaments it does not, as is in most instances the case with its greasy prototype, simply suspend them, but from its admirable solvent properties the medicaments are reduced to that condition most proper for immediate absorption and consequent effects. While thus serving as a most advantageous vehicle it also tends by its soothing and healing properties to prevent or subdue any tendency to inflammation, to keep the skin moist and cool, and hence of itself acts as a positive medicament. Another and important claim of superiority is that while it never of itself becomes rancid nor subject to change in any climate, it also acts as a perfect preservative in those ointments so prone to decomposition and chemical instability. I find it applicable in all the officinal ointmentssome requiring simple modifications, which I need not enter upon now-with perhaps but two exceptions, namely, the simple and compound iodine ointments, wherein the well known reaction of free iodine with starch renders it inadmissible. I trust these few words will bring your attention more fully to this subject, which is well worthy of a more thorough investigation."-Druggists' Circular.

AMPUTATION UPON A DIABETIC SUBJECT.—The dangers of operating upon persons affected with organic disease, and especially such as involves the kidneys, has been forcibly dwelt upon by Paget and Erichsen. It is not often that so striking an example in proof of their propositions presents itself as in the following case, which we take from the *Progrès Medical* of May 27th:

On the 13th of March a man, aged fifty-two years, healthy and robust in general appearance, was brought to the *Hôpital de le Pitié*, to be treated for a crushed foot caused by the passage of a railway-carriage wheel over it the day previous. He came before the surgical clinic of M. Verneuil. The temperature of the patient was 37.2° C., 96° F. His condition appeared excellent, and the indications for tibio-tarsal amputation clearly defined.

Unfortunately—says M. Georges Huette, externe to the hospital, who reports the case—attention was so entirely drawn to the severe local injury, and to the preparations for the urgent operation, that they neglected to interrogate the patient, and to inquire into the antecedents of the man, who, robust, vigorous, and well-built, did not show at first sight a single sign of general disease.

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The operation presented no other incident than the abundant loss of blood from the arterioles of the skin and of the flap, which, even after the ligation of the principal branches of the region, continued to run, and necessitated the application of a number of small ligatures. The limb was enveloped in batting. The day was passed very well; the night was good; and with some surprise the absolute absence of traumatic fever was noticed.

The next morning the temperature was 37.1°, and the patient was perfectly calm, when about ten o'clock a singular change in his condition suddenly occurred. M. Verneuil coming to him a few moments afterward found him lying upon his back, his head drawn back, the eyes half closed, the face drawn; his tongue was dry; his gums foul, and covered with a brown coat; the odor of his breath had the sourish character peculiar to diabetes; the yellow color of his skin contrasted strangely with the injection of the capillaries; the extremities were cold and cyanosed; the patient was considerably oppressed, and in a state of partial delirium, during which he pronounced broken syllables; his agitation was extreme, and he turned continually in his bed; the temperature fell to 36.8° C.; pulse 118; respirations 28 to the minute; pressure in the left lumbar region caused manifest pain.

The man sank rapidly. It was ascertained at this moment only that he had been subject to diabetes. Trial of his urine detected the presence of a large quantity of sugar. . . . The symptoms did not improve, and he died during the night.

THE TREATMENT OF HAY FEVER OR SUMMER CATARRH.—Dr. Donald Baynes, in Public Health Magazine of Montreal, says:

"Though there is no specific or no one remedy that will meet every case, and relief and cure must be sought by meeting the various symptoms as they occur in different individuals, still I may say that judicious treatment will, even if it does not succeed in eradicating the malady, at any rate cut short the attack and diminish most materially the severity of the suffering. The treatment may be divided into two parts, the prophylactic and the curative or palliative. The former means avoidance of the various exciting causes, as the aroma of new-cut hay, ripe or flowering grass, highly scented flowers and irritating substances, as ipecacuanha, etc. Protection from the heat of the sun must be enjoined, exercise to be taken in shady places or early in the morning or evening. Trips to the sea-side or mountain districts are usually beneficial, although occasionally they aggravate the disorder. When the affection has actually made its appearance, we must, besides any constitutional treatment that may be required, treat the various symptoms as they are. Hot fomentations, with or without poppyheads, will relieve the pain and irritation of the eyes and eyelids. The interior of the nostrils may be smeared with zinc ointment, glycerine, or cold cream. The various medicated inhalations or atomized fluids by spray are very useful. Amongst the various inhalations those of cannabis indica conium, tincture of opium, sweet flag, iodine and bromine, are good as atomized fluids. The chloride and sulphate of zinc, ipecacuanha, may be mentioned. Lumps of ice sucked often relieve the heat, dryness and tickling of the mouth and fauces, etc. Internally we may give lobelia, compound tincture of camphor and aconite if the attack be accompanied with fever, while bromide of potass. and bromide of ammonium are useful where there is great irritability of the fauces and bronchi. If invigorating treatment be required, the bitter vegetable tonics are good, as quinine, nux vomica, quassia, etc., or the preparations of zinc and arsenic; occasionally a saline cooling aperient is advisable. I have found some of the new herbal remedies most useful in this complaint. The diet should be nutritious and easily digested. If stimulants are taken, pale ale, dry sherry, claret, or some of the light Rhine wines are best. Hot tea and vegetables, with the exception of potatoes, are to be avoided. Moderate exercise to be taken in a cool, shady place, or in the cooler parts of the day."

SWAN-ALLEY SORE,—Dr. F. F. Maury, in a clinical lecture on phagedænic chancre (Philadelphia Medical Times), says:

"Early in the century there was in London a place called Swan Alley, in which were gathered a number of young women, most of them belonging to northern European races, who lived as prostitutes, chiefly with sailors. The place was crowded, ill ventilated, and filthy; the occupants were degraded in their habits, indulging in excess in venery and drinking, with bad light, bad food, and bad air. As a consequence there broke out among them a sore which was terrible in its rapid destruction of tissue, and has ever since been known as the 'Swan-alley' sore.

"What you see here to-day is the same sore, now commonly recognized as phagedænic chancre. Its action is sometimes so rapid in the female as to dissect out the rectum and vagina and denude the mons veneris, scooping out the entire perinæum in twentyfour hours; or, in the male, the penis may slough off close to the belly in a similarly short period. In this case you see that the sloughing has gone deep into the tissue of both nates, from the posterior commissure of the vagina to the sacrum, and extends along the left side of the labium majus for about two inches. She came into the hospital three days ago, saying the sore had begun a week before, and gone to the extent here seen in that time. The present condition is not nearly so shocking as it then was, for the sore was immediately cauterized deeply with fuming nitric acid, and now you see the eschar, which has not that sickening look the phagedæna had."

"No MORE OVARIOTOMY." — Under the above startling title, says the London Medical Times and Gazette, we find a note in the Surgical Centralblatt for February 12th, taken from the Wiener Med. Presse, 1875, No. 52, by Dr. Semeleder. About two years ago he was informed that a lady of his acquaintance suffering from an ovarian cyst, who had been much relieved in Dresden by acupuncture (? galvano-

puncture), had been ultimately cured in Vienna by the same treatment. Since that time he has tried it in three cases:

1. A young lady, aged eighteen, who had a soft fluctuating ovarian tumor, originating on the left side and extending three centimeters above the umbilicus, was subjected to galvano-puncture. In four months the diameter of the abdomen, two inches below the umbilicus, was reduced from ninety-six centimeters to ninety-two centimeters, and in two months more the cure was completed.

2. A lady twenty-four years old, and the mother of two children, had a tumor in the lower part of the abdomen, on the left side, as large as the head of a child two years of age. When she had been under treatment two months the patient was cured, the remains of the cyst being hard, and of the size of a small apple.

3. A woman forty years of age, with a tumor reaching up to the umbilicus, had so far recovered at the end of six weeks of the treatment that its continuance was considered unnecessary.

No unpleasant consequences occurred in either of these cases, and none of the cysts have refilled. The author considers that the action is the same as that which occurs when the poles of a battery are placed in an albuminous fluid—viz., clotting and thickening at the positive pole, and liquefaction at the negative. He considers the method equally applicable to multilocular and unilocular cysts. He does not give an exact account of his method of procedure, but each sitting was of short duration. He anticipates equally favorable results in the treatment of hydatid cysts on this plan.

## Miscellany.

A MEDICAL PARTNER.—Speaking in the theater of the University of London, the other day, at the presentation of diplomas and medals to successful candidates, Lord Granville, the chancellor, took occasion to advocate the admission of women to medical degrees. Mr. Lowe followed on the same side of a question on which it is disgraceful to the members of a liberal profession that there are two sides. Not so much because this is owing to a mean tradesunionism, but rather in that if, as the unionists allege, women are naturally unfitted for the practice of medicine, the fear of competition with them is grossly stupid. It was well remarked

by Mr. Lowe that "Woman was never more in her place than by the sick-bed." If she were duly qualified to occupy that place, she would not only be exempt from the necessity of marrying to subsist, but would be in possession of knowledge which in the event of her marriage from choice would especially befit her for the part of a wife and a mother. It would also materially help to render her an unmixed blessing by preventing her from being, in one particular, a heavy burden to her husband. A woman who knows how to take her place by the sick bed knows how to keep herself out of it. Even if she have no patients, therefore, a medical woman is in a condition to avoid becoming a patient herself. She also knows better than to let her daughters injure their health by tight lacing, late dancing, and other unwholesome follies. If she herself fetch her partner no fees, she at least saves him doctors' bills, and undertakers' also, besides continual alarm and anxiety. The girl who has well earned a doctor's degree is one whom a young man, even in these sumptuous times, could almost venture to think of marrying on two or three thousand a year.-London Punch.

A New Journal.—The prospectus of the Archives of Clinical Surgery has reached us. It is a monthly journal edited by Edward J. Bermingham, M. D., and published by Routledge & Co., of New York. Subscription \$4 per annum in advance. We make the following extracts from the prospectus: "This will be a monthly periodical devoted to surgery, which will include all its special departments, as gynæcology, dermatology, laryngology, etc., and will consist of original clinical papers by representative men. There will also be a special department for a synopsis of the interesting surgical cases and operations in the larger hospitals throughout the country of which we at present hear little or nothing. A public record of these will thereby be kept which will be of inestimable value to those interested in the progress of surgery, as it will give them a key to the books of the several hospitals where the complete history

of any particular case may be obtained. . . The Journal will appear on the 15th of every month, beginning with July. Each number will contain not less than forty pages, printed from new type on heavy calendered paper of the finest quality." As the number of those in the profession who take special interest in purely surgical matters is comparatively small, it behooves all such to stir themselves, that the journal may not lack for pecuniary support. The published list of contributors comprises the names of the principal northern surgeons.

-From a very interesting lecture on the University of Virginia delivered lately by Bishop Dudley, and published in Home and School, we make the following extract: "I want you to know that material comforts and material appliances have had nothing to do with the power she has wielded in the land; that the multitudes of southern youth who thronged her courts in the days when southern youth had means to seek any shrine of the higher learning came not because of carpeted comfort and abounding opportunities of luxurious excess, but because the fame of her great doctors had gone abroad in the land, and, still more, the fame of the university herself-that her word was true, her distinctions real and significant; that the image and superscription of her authority was stamped on the gold of valuable acquisition, of thorough scholarship, and on nothing else."

—The New York Medical Record of June roth, in an editorial of three pages devoted to the Kentucky-Louisville sham, remarks, "When the Louisville Medical News exposed the affairs connected with the Louisville Medical College and the Kentucky School of Medicine we were at first disposed to doubt the accuracy of its statements, for the simple reason that they apparently proved too much. Looking upon the controversy as one of the ordinary methods used for increasing the patronage of their respective schools, we were not disposed to give it the serious consideration which we afterward found it in reality deserved. Being

repeatedly challenged for an opinion in regard to the merits of the case, we were compelled to examine the evidence on both sides, and were forced to believe that all the conditions necessary for the graduation of a student in nine months from the time of the actual commencement of his studies did really exist in Louisville." The Baltimore Physician and Surgeon is also out upon the Phenomenon for quoting a Baltimore school as an excuse for the beneficiary sham. Chicago, Philadelphia, New York, Boston, and Baltimore have now had something to say, we believe. Did some one remark that the News had failed to attract attention to this nuisance?

—The correspondent of the New York Record in Philadelphia writes: "There is on exhibition on the first floor a large portrait of Prof. Gross in the act of performing an amputation in the presence of his class, painted by Mr. Thos. Eakins, of this city. The picture has much merit and the likeness is excellent; but the coloring is not pleasant, and the subject is so repulsive, the professor's unnecessarily bloody hand being the conspicuous feature of the scene, that we are not surprised that for this latter cause alone it was refused a place in the art gallery by the committee of selection, to find a more appropriate niche in the army hospital."

—The officers of the American Medical Association for the ensuing year are as follows: President, Dr. H. J. Bowditch, of Massachusetts; vice-presidents, Drs. Pitman, Staples, J. R. Smith, U. S. Army, and Busey; treasurer, Dr. Casper Wistar; librarian, Dr. Wm. Lee, of Washington. Committees on library, arrangements, publication, and prize essays were also elected. Seven new members were also elected to the Judicial Council, and twenty-six delegates to the International Congress, which meets in Philadelphia, September 4th.

-During the last week the faculty of the Department of Medicine and Surgery of the University of Michigan have received official communications from Bellevue Hospital Medical College, New York City, the College of Physicians and Surgeons, New York City, and the Long Island College Hospital, Brooklyn, New York, stating that they will continue to accept their tickets and recognize their graduates as heretofore.

—The Convention of Medical Teachers was held on June 2d and 3d. We learn indirectly that there was a good representation from the colleges, and many questions of reform were successfully disposed of. We will publish transactions as soon as received. We regret to say that we are also without news from the American Medical Association. Our correspondents in Philadelphia have evidently been captured by Braithwaite.

SPIRITUALISM. — The commissioners appointed by the Physical Society of St. Petersburg to examine the phenomena of spiritualism have arrived at the following conclusion: "That those so-called spiritual manifestations proceed from unconscious movements or from a conscious imposture, and the spiritual doctrine is a superstition."

—The Public Health Magazine, a journal of sanitary science, published at Montreal, and edited by Geo. Baynes, M. D., has completed its first volume with the June number. It is an excellent periodical and discusses questions of great interest to all communities.

Doctors' Honesty.—The late Dr. Ewing, who was for forty years a director of the Bank of Kentucky, made the remark that "the bank had never lost a dollar by a doctor." What credit members of the profession had received does not appear.

CHANGES OF SEX.—The mode of reproduction among mollusca varies. Some, like the valvatidæ, change their sex after a time, being at first male, then female.—Harting on Shells.

—The Rush Medical College of Chicago has concluded to abolish the requirement of theses from candidates for graduation.